

## Los Alamos National Laboratory Employee Profile - Instructions & Guidance

### PRIVACY NOTIFICATION

The Laboratory requests the information on this form for use by various Laboratory organizations for personnel, accounting, and other business purposes. Furnishing the requested information is voluntary (unless noted as required), but failure to provide part of the information may result in an inability to complete certain necessary administrative actions related to your employment or employment benefits. The Laboratory staff responsible for personnel, accounting, and other Laboratory organizations with a business need for the information may use the information furnished by you. The information may be furnished to third parties, as permitted by Law.

### Additional Address Information:

The address can be updated at any time online or by sending an email to: [rr-desk@lanl.gov](mailto:rr-desk@lanl.gov)

**ETHNICITY:** Select the codes that best identify your ethnicity. Select all codes that apply.

**HL** - Hispanic or Latino: Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**AI/AN** - American Indian or Alaska Native: origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

**A** - Asian: origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**B/AA** - Black or African American: origins in any of the black racial groups of Africa.

**NH/PI** - Native Hawaiian or Other Pacific Islander: origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.

**WH** - White: origins in any of the original peoples of Europe, the Middle East, or North Africa.

### EMERGENCY CONTACT INFORMATION

List the Name, telephone number, and relationship to the person(s) you want to be contacted in case of an emergency. The Laboratory will contact only the persons listed as emergency contact(s).

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The information provided below will be entered into the Laboratory Oracle System and will be utilized as needed for purposes of LANL related business (e.g. mailing of information, and in the event of an emergency) This information may be updated as necessary.

Z-Number: \_\_\_\_\_ Hire Date: \_\_\_\_\_(dd/mm/yyyy) Phone #: Cell Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: (Last, First, Middle) \_\_\_\_\_

Prior LANL Employment:  Yes  No \*Not applicable for, Contract, Subcontract, Craft, and Student prior employees.

## Address Information:

**Mailing Address:** Is important because all imperative documentation is sent to this address, such as Insurance documents, retirement information, paycheck (if you do not sign up for direct deposit) and W-2 at end of year.  
**Your tax record is tied to your mailing address.**

Street Address/PO Box: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Permanent Address:** Can be the same or different as the mailing address. If different, enter the address. If different, enter the new address.

**If this address is the same as your mailing address please write "same".**

Street Address/PO Box: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ International: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Marital Status:  M  S

## Emergency Contact Information: Complete – First, Last Name, Middle Initial and or Nicknames.

1. If your emergency contact(s) are *currently* employed with LANL please provide their Z # and Group name OR
2. If you do not know this information, place a check mark on Z# and Group fields OR
3. If your emergency contact (s) was *previously* employed with LANL please place an "X" in the Z# and Group fields.

**Name: (Please include all the following fields or indicate N/A)**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Z# \_\_\_\_\_ Group \_\_\_\_\_ Phone #: Cell Wk Hm (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Name: (Please include all the following fields or indicate N/A)**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Z# \_\_\_\_\_ Group \_\_\_\_\_ Phone #: Cell Wk Hm (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HR Entered: \_\_\_\_\_